

COLORADO METHAMPHETAMINE TASK FORCE

Meeting August 6, 2010

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver, CO

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Janet Wood, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; Janet Wood; José Esquibel; Rachel Allen; Shane Bahr; Debra Campeau; Chele Clark; Greg Daniels; Dan Kaup; Janelle Krueger; Lloyd Malone; Wayne Maxwell; Carmelita Muniz; Janet Rowland; Dan Rubinstein; Jeanne Smith; Ken Summers; Jade Thomas; Richard Marquez;

Guests: Charles Smith; Colleen Brisnehan; William Nagle; Nicola Erb; Jonathan Judge; Anne Getter; Beverly Gmerek; Helen Kaupang; Jim Palestino; Stacey Read; Steve Holloway

Introductions: Attorney John Suthers welcomed the group.

Review and Approval of Minutes: Minutes from February 5, 2010 and May 7, 2010 meetings were approved by motion.

Announcements from the Task Force:

Co-Chair Janet Wood: We are 99% sure that the Access to Recovery grant will be coming to Colorado, consisting of approximately \$13 million over four years. With this grant we are hoping to go statewide with the program.

Janelle Kruger: The Colorado Department of Education submitted a "Building Capacity for State Youth Substance Abuse and Violence Prevention" grant proposal to the U. S. Department of Education. If received, this will only be one-year of funding for state education agencies. Award notices are expected in September. One of the proposed objectives is to work with the Colorado Prevention Leadership Council to host regional school-community team forums. These funds are in lieu of "Safe and Drug-Free Schools and Communities" funds for schools, which were eliminated at the federal level, representing a loss of \$2.8 million dollars a year for substance abuse prevention in the State of Colorado.

Co-Chair José Esquibel: SBIRT Colorado is making excellent progress in the state. Medicaid will now pay for the alcohol and drug screening and brief intervention. The State Medicaid office is working on confirming reimbursement rates and is preparing an SBIRT reimbursement manual for providers. Implementation of SBIRT in primary care settings is one approach towards integrating behavioral health services with primary care.

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The National Prevention Network Prevention Research Conference is coming to Denver, August 31st – September 3rd. Please contact José or Chele for more information on this substance abuse conference.

Shane Bahr – Shane shared an article - *Journal News Alert* from MEDTOX® with the Task Force. The alert is titled *Spice, JWH-018, and CP 55940: What's going on out there?*

This article discusses the onslaught of designer “alternative” drugs. These drugs are currently referred to as “Spice” K2” and “Summit”. This started coming to the attention of law enforcement about two years ago.

The latest compound is a substance known as JWH-018, which is a substance that has specific binding or agonist actions. In a liquid form, JWH-018 is sprayed over plant material destined for packaging as “Spice” incense or room deodorant. The treated botanicals are then packaged and labeled in branded products, such as K2.

K2 has been well-known for a long-time among marijuana users. JWH-018 is thought to be 4-5 times more powerful than THC, the prime intoxicant in marijuana. JWH -018 causes what appears to be a unique set of effects on the central nervous system. The K2 incense is smoked and appears to have near instant sedative effects on the users.

In June 2010, it was a topic of discussion at the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG). Here are some facts:

- “Spice” is widely sold on the Internet, but you can also find it in “head shops”. This is true for Colorado. It is marketed as a “natural herbal incense” or “bath salts” and warnings include that they are “not for human consumption”.
- Poison Centers nationwide received 500 calls about the designer drug this year. There were only 12 calls about K2 last year.
- The DEA is currently testing the drug to determine if it should be declared a controlled substance.
- It is legal in 44 states and is currently legal in Colorado.
- It is banned in AL, GA, KS, KY, LA and MO. States that are looking at banning the drug are IL, MI, NJ, and NY.
- NDIC currently has a Drug Alert Watch out for the use of synthetic cannabinoids.
- Teens and young adults are using it, mostly because it is easy to get, legal and they can pass drug tests. It caused problems for drug treatment centers due to the lack of detection.
- It is undetectable with drug screens: however, just recently (2 weeks ago) Redwood Toxicology has developed a way to detect JWH-018 & JWH-073 with a urine metabolite test.
- There have been reported adverse effects when using “Spice”: panic attacks, agitation, tachycardia, elevated blood pressure, anxiety, pallor, numbness and

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tingling, vomiting (can be severe and may require sedation), hallucinations (which can be intense), tremors, seizures.

- There have been concerns of death as a result of suicide in some cases – these cases are currently being investigated.
- Most concerning: there are no regulations; there is no way of knowing what is in the synthetic drugs being sold, there is no way of knowing the effects (short-term & long-term)

Funding Updates:

Chair Attorney John Suthers

AG Suthers and Jeanne Smith met with El Pomar Foundation, which approved a grant in the amount of \$20,000 for the State Meth Task Force. The award will be \$10,000 in March of 2011 and \$10,000 in March of 2012. The enacting legislation for the State Meth Task Force requires the Task Force group to find its own funding.

A motion was moved and seconded to authorize Jeanne Smith to accept the money from El Pomar.

Rural Law Enforcement Meth Initiative (RLEMI)

Nicola Erb: State Coordinator

As part of the work of the State Meth Task Force in partnership with the Colorado Alliance for Drug Endangered Children, a grant was written and awarded to Colorado to address rural law enforcement meth issues. Colorado is one of seven states to receive this funding. Nikki's background includes working the past 21 years in law enforcement.

Overview on the project:

- Reinvestment and Recovery Act funds
- The initiative is housed with the Colorado Alliance for Drug Endangered Children
- The grant provides funds for a full-time coordinator, technical assistance, and assessment research support.

Project Description:

- Assist rural law enforcement
- Interdict drug issues through collaboration
- Leverage efforts
- Provide access to prevention, treatment, and recovery services
- Build on existing programs and help facilitate expansion
- Working with the data dashboard to help populate the dashboard with data elements that are most relevant for monitoring rural meth trends
-

Build Community Partnerships:

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- Unite community-based organizations

S.A.I. Process

- Choose state coordinator
- Convene a rural state meth summit (held in June 2010)
- Create a state action team (currently seated)
- Conduct a state assessment on rural meth issues

Rural Meth Summit Work Plans

- Internal and external assessment of resources
- Develop a resource menu for rural communities
- Marketing approach to the project
- Sustainability plan to continue and expand efforts
- Identify rural areas in need
- Implement a process for assistance
- Create a plan/process that is a replicable

Completing a RLEMI Strategic Plan

1. We will provide resources to educate, train, provide technical assistance, and coordinate efforts in order to serve those who serve children impacted by drug use and abuse.
 - DEC/SYS participation
 - Educational and training materials and programs
 - Networking and community collaboration
2. We will provide resources to educate, train, coordinate efforts, and give technical assistance in order to enhance or establish a formal network of those in recovery.
3. Assessment of the following areas will be conducted and tailored services created to fill in knowledge and information where there are needs and gaps:
 - Law enforcement knowledge and training base
 - Judicial system support and programs
 - Access to treatment and recovery services in the community
 - Prevention and education program in K-12 schools

Rural community selection strategies

- Combination of quantitative data from various sources
- CO Division of Behavioral Health
- CO Bureau of Investigations
- CO Parole
- HIDTA Data
- Qualitative data from state action team sources

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- County Sheriffs of CO
- CO Association of Chiefs of Police
- Problem solving courts

Underlying Values

- Model the collaborative model as a united team
- Build and unite existing collaborative efforts
- Create lasting partnerships for future issues
- Conduct regular evaluation of efforts
- Re-convene in January to assess progress
- Eliminate dual efforts
 - Behavioral health assessment
 - Data dashboard
- Empower the communities.

For more information on-line about the National Rural Law Enforcement Meth Initiative go to, www.methpedia.org.

Prescription Drug Abuse Subcommittee:

Dan Rubinstein

Problem that the subcommittee is having is the need for specific direction from this task force and what should we be doing based on information gathered by the committee

Peer Assistance is doing a great deal and is basically the main group trying to get this message out.

In effort to determine what that role of the SMTF Prescription subcommittee would be, we decided that we did not want to be creating and running programs, but mostly just provide assistance to other groups who were doing that. We asked Peer Assistance to come up with a wish list of what help we could give them.

The two requests were:

- 1) Help get message out to get the “take back initiative. We must get local law enforcement involved.
- 2) Host a statewide summit. In Washington State the Attorney General’s office held a statewide summit. I am not asking that our AG’s Office do so, but for us to look at what sort of organization is set up for that, and would be willing to.

Prescription Drug Monitoring Program (PDMP) issues – moving slowly, gathered a lot data of what is available. One thing to consider is converting the monitoring system to a real time system. The pharmacist will be able to see that this patient is doubling up on

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prescriptions. Red flags would popup which would show the pharmacist at the time point of sale whether this patient has already obtained an overlapping script. There is some disagreement among the groups involved as to who the burden should be on to check this. The pharmacists believe that the burden should be on the doctors at the time of prescribing. However, this does not solve the problem of completely forged prescriptions where there is no doctor. The other option is to have the burden be on the pharmacist to input the data and have the system check it, but there are some issues with the costs, access by small pharmacies and interruption of service to the customers.

The current PDMP is under the Pharmacy Board at the Department of Regulatory Agencies (DORA). One issue that we are still looking into which will have a large impact on the cost of any program that we try to implement is whether DORA owns the program or just the data?

With the budget costs, we need help with these issues. There would be a large price tag to implement a real-time system knowing that small pharmacies can't afford the new technology. The pharmacies believe it should be the responsibility of prescribing physicians. If we put this on the pharmacies, how do we track and mandate this?

Current system is funded by a grant. The grant is about to expire and we're not clear on future funding for this program. The grant comes from the Bureau of Justice. Currently no states have "real time" system. Oklahoma is working on this type of system.

Suggestions:

The model language is access to the data by law enforcement, which you can get with a search warrant. Law enforcement has its own system to help identify doctors and pharmacists. Persons who "doctor-shop" for prescriptions know to go to a pharmacy that is very busy where they are unlikely to conduct a search of the look-up database. You will get a lot of push back from HIPAA. There needs to appropriate security for protected health information and at the same time have a legal way to intervene when abuses are occurring. It is important to have a mechanism to refer persons with addiction into treatment.

The seven day recommendation – they batch files every 7 days and send in the prescription. Some of the larger pharmacies have a system that is inputted to the prescription drug monitoring system. Most inquiries are coming from the feds to do a search warrant.

If Colorado moved to the seven-day recommendation, we could get more grant money from the Bureau of Justice. This move can happen without legislation being done.

Janet is meeting with the Deputy Director of the Office of National Drug Control Policy (ONDCP) and this discussion will inform her visit. Given health care reform it may be an opportunity to have protections built into systems that are implementing Health

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Information Exchange and e-prescribing rather than have each state develop its own solution to this problem.

This should also be part of the rebuild on Colorado's Medicaid system. There is a group that is looking at the medical records sharing.

At this point it is clear that we are headed in a direction of having a real time system in the future. That is somewhat driven by the new national health care laws. We are a few years ahead of the curve and it will be prohibitively expensive in both dollars and political capital to press it forward now. We would recommend that we continue to monitor the recommendations that the current system of a 14 day batch submission be reduced to a 7 day batch system. This could be implemented by policy of DORA without any legislation, as our current legislation permits that. In the meantime, we will let natural momentum towards this real-time system catch up to us. If anything changes in the interim, Dan will advise the group and we can revisit if we want to press forward on our own now.

National Pharmaceutical Drug Take Back Initiative:

James J. Palestino, Assistant Special Agent in Charge

Helen Kaupang, Diversion Group Supervisor

U.S. Drug Enforcement Administration, Denver Field Office

James Palestino, Assistant Special Agent in Charge of the Drug Enforcement Administration (DEA) Denver Division, and Helen Kaupang, Diversion Group Supervisor, introduced the National Pharmaceutical Drug Take Back Initiative which will be occurring on Saturday, September 25, 2010. DEA's Denver Division covers four States: Colorado, Montana, Utah, and Wyoming.

In Colorado, DEA has partnered with the Colorado Attorney General's Office, the Colorado Department of Public Health and Environment, and the Colorado Prescription Drug Abuse Prevention Program's "Rx Drugs Not Yours Not Safe."

Letters inviting participation have been mailed to all Sheriff and Police Departments, Drug Task Forces, and District Attorneys in Colorado. Only law enforcement agencies can register for the event since both controlled and non-controlled pharmaceutical drugs will be collected. The following items cannot be collected because special rules apply to their disposal: needles & sharps, mercury (thermometers), oxygen containers, chemotherapy/radioactive substances, pressurized containers, and illicit drugs.

DEA will provide disposal boxes to all participating agencies as well as promotional materials. After the event date, DEA will coordinate the collection of all drugs from the participating agencies and complete the disposal process. The incinerator at DIA cannot be used for this disposal as their permits and licenses do not allow them to accept

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pharmaceutical waste. DEA is working with CSI/Waste Management to conduct the disposal at its Bennett facility.

DEA, the Health Department, the AG's Office, and Rx Drugs Not Yours Not Safe are encouraging law enforcement and other entities such as water departments, water treatment facilities, hospital districts, and treatment facilities to work together on their events. It is up to the individual communities to set up and operate their programs.

The SMTF asked for a report following the Take Back event; Ms. Kaupang agreed to provide such information for future use by the committee and other agencies.

Environment Updates:

Colleen Brisnehan, Colo. Dept of Pubic Health and Environment

The discussion was basically that disposal/destruction of Schedule 1 substances from medical marijuana dispensaries must comply with DEA requirements. This includes discarded marijuana leaves and marijuana based food products. Because these are regulated by DEA, CDPHE does not have authority over the disposal/destruction of these products.

The parts of the marijuana plant that are not regulated by DEA as Schedule 1 substances (roots, stalks and sterile seeds) can be disposed of as solid waste in any landfill.

Due to the fact that the use and sale of marijuana is illegal under federal law, DEA does not recognize the legitimacy of medical marijuana dispensaries. Therefore, it is not likely that DEA will provide assistance to ensure proper disposal/destruction of waste from medical marijuana dispensaries. This issue requires direction from DEA and may potentially require legislative action to address.

Colleen provided a handout that provided additional details about this issue.

Also, the Colorado Department of Public Health and Environment will need to look into identifying environmental issues as a result of the medical marijuana legislation. José will work with Colleen on preparing a brief for Martha Rudolf, Executive Director of CDPHE, in order to begin the conversation within the department.

One of the other challenges to the environment and medical marijuana is in regard to mold and the affects of this mold.

Question: Could we piggy back on the National Jewish study on the long-term effects of meth on the children and lungs?

Response: This issue is on the radar screen.

Special Recognition to Janet Wood and Wayne Maxwell:

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Attorney General Suthers and José Esquibel

We thank you for your invaluable service to the work of the State Meth Task Force.

Janet has such a wonderful “can do” attitude to do this work. As a Vice-Chair, she has consistently worked on behalf of this Task Force. Her knowledge and problem solving abilities have given this group a strong foundation to continue this work. John presented her with a plaque. We thank you for your leadership.

Thank you Wayne, for your contributions to the task force and the important work we are all doing to combat meth. You have been a valuable member of this group and you will be missed.

Substance Exposed Newborns (SEN)

Jade Thomas, Exec. Director of DEC

Kathryn Wells, MD, Denver Health

The SEN Subcommittee has met several times and is focusing on the planning for the upcoming combined conference with Colorado DEC as well as putting together a "white paper" which will be a document stating the overall problem and working to make recommendations for Colorado's approach. Anyone is welcome to join in this process or to give feedback on the document as it evolves. The hope is that once it is completed, the Task Force can have something it can support and can be a reference for those around the state that are struggling with issues related to substance exposed newborns. Additionally, we are working on a document that will summarize the current programs in the state including treatment, resources, etc. that interface with the issue of substance exposed newborns. Finally, the group is discussing how to continue the work in this area once the grant money from the federally funded C-SIMI (Colorado Systems Integrated Model for Infants) program ends (October 2010 unless we get a no-cost extension which we are applying for). Anyone is welcome to join the group or review the documents as they evolve.

The 2nd Annual Conference will be October 25 –26, 2010. “Moving Forward: Emerging Issues for Drug Endangered Children” is the theme for this two- day conference. This event offers many learning opportunities as well as a forum for networking with professionals who share your passion to help children and families impacted by substance abuse. Content will include discussion on best practice strategies regarding prevention, intervention, treatment, and recovery with a heavy focus on substance exposed newborns and other emergent issues. The event will be held at the Golden Community Center. Please contact Jade for more information.

Colorado DEC – we are looking for grant opportunities to fund this agency. Jade is working on grants but please remember to look at any possibility of funding. Jade will be holding a fundraising event, details to be forthcoming.

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Data Committee:

Jose Esquibel

The next step of work is populating the State Meth Task Force Data Dashboard, utilizing funds from the Task Force, as discussed at the previous State Meth Task Force meeting to work with OMNI Institute to get as much of this work completed as possible.

Best Practices and Technical Assistance

Jade Thomas

We did a survey and the data was difficult to map. Recently we have an intern who will do all the work and we are looking at putting the information up on GoogleDocs and track the locations of best practices. The survey is still up so if you would like to do this. We are working with Nicola to start the process of looking at the technical presentation. It would be helpful to have an index.

A form was created for the presenters to fill out prior to doing a presentation at the meeting. This form is on the DEC website

Meeting adjourned

Next Meeting is November 5, 2010

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